



U.S. DEPARTMENT OF COMMERCE
Economics and Statistics Administration
U.S. CENSUS BUREAU

FORM

MA-1000(L) (10-25-2001)

2001 ANNUAL SURVEY OF MANUFACTURES

OMB No. 0607-0449: Approval Expires 11/30/2002

Mail your completed form to:

U.S. CENSUS BUREAU
1201 East 10th Street
Jeffersonville, IN 47132-0001

Please read the accompanying information sheets before answering the questions.

For assistance call:

-OR-

Write to the address above. Include your 11-digit Census File Number (CFN) printed in the mailing address.

(Please correct any error in name, address, and ZIP Code.)

YOUR RESPONSE IS REQUIRED BY LAW. Title 13, United States Code, requires businesses and other organizations that receive this questionnaire to answer the questions and return the report to the U.S. Census Bureau. By the same law, **YOUR REPORT IS CONFIDENTIAL.** It may be seen only by persons sworn to uphold the confidentiality of Census Bureau information and may be used only for statistical purposes. Further, copies retained in respondents' files are immune from legal process.

- Use blue or black ink.
- Do not use pencil.
- Place an "X" inside the box.
- Please center numbers in their respective boxes.
- Do not put slashes through 0 or 7.
- Complete only the unshaded portion of each item. Figures for dollars, plant-hours, and kWh should be rounded to thousands.

Examples:



0 1 2 3 4 5 6 7 8 9



The reporting unit for this form is an establishment. An **establishment** is generally a single physical location where business is conducted or where services or industrial operations are performed. For examples and further clarification, see information sheet(s).

TN	NIND	AREA	WT	CCS
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1 EMPLOYER IDENTIFICATION NUMBER

Is the Employer Identification No. (EIN) shown in the label the SAME as that used for this establishment on its latest Employer's Quarterly Federal Tax Return, Internal Revenue Service Form 941?

094 1 ☐ YES 2 ☐ NO - Enter current EI Number (9) digits

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2 PHYSICAL LOCATION - Answer A and B

A. If this establishment is NOT located in the State, county, and place shown at the right, correct lines (1) through (4). If blank or incomplete, answer (1) through (4).

(1) Number and street

(2) City, village, or other place

State

ZIP Code

(3) County

(4) If you corrected lines 1, 2, or 3, give year moved to new location

B. Is this establishment physically located within the legal boundaries of the city, town, village, etc., indicated in item 2A(2)?

095

1 ☐ YES

2 ☐ NO

If not shown, please enter your 11-digit Census File Number (CFN) from the mailing address.

**HOW TO
REPORT
DOLLAR
FIGURES**

Dollar figures should be **rounded** to **thousands** of dollars.

Mark "X"
if None

If a figure is **\$1,025,628.79**:

• ☐

If a value is "0" (or less than \$500.00):

• **Report** → ☒

2001			2000
\$ Bil.	Mil.	Thou.	\$ Thou.
		1 0 2 6	

3 SALES, SHIPMENTS, RECEIPTS, OR REVENUE

A. Total value of products shipped and other receipts

(This value is to be reported again in item 9 code 7700000 8.)

330 ☐

B. Value of products exported (This is a breakout of the value reported on line A.)

(Report the value of products shipped for export. Include shipments to customers in the Panama Canal Zone, the Commonwealth of Puerto Rico, and U.S. possessions, as well as the value of products shipped to exporters or other wholesalers for export. Also, include the value of products sold to the U.S. Government to be shipped to foreign governments. Exclude products shipped for further manufacture, assembly, or fabrication in the United States.)

399 ☐

C. Shipments to other domestic plants of your company for further assembly, fabrication, or manufacture

(This is a breakout of the value reported on line A.)

376 ☐

2001			2000
\$ Bil.	Mil.	Thou.	\$ Thou.

4 E-SHIPMENTS (This is a breakout of the value reported on line 3A.)

081 A. Did this establishment have any e-commerce sales for manufactured products and other receipts from customers, including shipments to other domestic plants of your own company for further assembly, fabrication, or manufacture in 2001?

(E-commerce sales are online orders accepted for manufactured products from customers; including shipments to other domestic plants of your own company for further assembly, fabrication, or manufacture where price and terms of sale are negotiated, over an Internet, Extranet, Electronic Data Interchange (EDI) network, electronic mail, or other online system. Payment may or may not be made online.)

1 ☐ Yes – Go to line B

2 ☐ No – Go to 5

B. E-commerce shipments of this establishment, including shipments to other domestic plants of your company for further assembly, fabrication, or manufacturing

082

2001			2000
Estimates are acceptable			
\$ Bil.	Mil.	Thou.	\$ Thou.

If not shown, please enter your 11-digit Census File Number (CFN) from the mailing address.

5 TOTAL EMPLOYMENT AND PAYROLL

A. Total employment

Include:

- Full- and part-time employees working at this establishment whose payroll was reported on Internal Revenue Service Form 941, Employer's Quarterly Federal Tax Return, and filed under the Employer Identification Number (EIN) shown in the mailing address or corrected in ①.
- Full- or part-time leased employees whose payroll was filed under an employee leasing company's EIN.

1. Number of production workers for pay periods including:

Mark "X"
if None

- a.** March 12 301 ☐
- b.** May 12 302 ☐
- c.** August 12 303 ☐
- d.** November 12 304 ☐

2. Sum lines A1a through A1d 305 ☐

3. Average annual production workers (Divide line 2 by 4 - omit fractions.) 306 ☐

4. All other employees for pay period including March 12 307 ☐

5. TOTAL (Sum lines A3 and A4) 308 ☐

2001			2000		
Number			Number		

B. Total payroll before deductions (Report payroll for employees reported on line A5. Exclude fringe benefits.)

1. Annual payroll

Mark "X"
if None

- a.** Production workers 309 ☐
- b.** All other employees 310 ☐
- c. TOTAL** (Sum lines B1a and B1b) 311 ☐

2. First quarter payroll (January-March) 315 ☐

2001			2000	
\$ Bil.	Mil.	Thou.	\$ Thou.	

C. Fringe benefits (Include fringe benefits for all employees reported on line A5.)

Mark "X"
if None

- Employer's cost for fringe benefits 314 ☐

D. Hours worked (Annual hours worked by production workers reported on line A3.)

Mark "X"
if None

- Number of hours worked by production workers 320 ☐

2001		2000	
\$ Mil.	Thou.	\$ Thou.	

2001		2000	
Hours		Thousand hours	
Mil.	Thou.		

If not shown, please enter your 11-digit Census File Number (CFN) from the mailing address.

6 INVENTORIES

(Report inventories using generally accepted accounting practices.)

Were inventories of this establishment subject to the last-in, first-out (LIFO) method of valuation?

- 230 1 ☐ Yes – Use the sum of the LIFO amount plus the LIFO reserve for completing lines A through F2. If you changed to LIFO for calendar year 2001, specify in the REMARKS section.
- 2 ☐ No – Complete only lines A through E1. Line E1 should equal line D.

	Mark "X" if None	End of 2001			Mark "X" if None	End of 2000		
		\$ Bil.	Mil.	Thou.		\$ Bil.	Mil.	Thou.
A. Finished goods	335 <input type="checkbox"/>				331 <input type="checkbox"/>			
B. Work-in process	336 <input type="checkbox"/>				332 <input type="checkbox"/>			
C. Materials, supplies, fuels, etc.	337 <input type="checkbox"/>				333 <input type="checkbox"/>			
D. TOTAL (Sum lines A through C)	338 <input type="checkbox"/>				334 <input type="checkbox"/>			
E. Of the value on line D, report:								
1. Amount not subject to LIFO costing	368 <input type="checkbox"/>				364 <input type="checkbox"/>			
2. Amount subject to LIFO costing (gross)	369 <input type="checkbox"/>				365 <input type="checkbox"/>			
F. Report the following applicable to Line E2:								
1. Amount of LIFO reserve	370 <input type="checkbox"/>				366 <input type="checkbox"/>			
2. Amount of LIFO value (net)	371 <input type="checkbox"/>				367 <input type="checkbox"/>			

7 CAPITAL EXPENDITURES,

(Refer to the instructions for how to report leasing arrangements. Report the dollar value of capital expenditures. Do not include land.)

A. Capital expenditures (new and used)

1. Capital expenditures for new and used buildings and other structures
2. Capital expenditures for new and used machinery and equipment (Report detailed breakout on lines B1 through B4 below.)
3. **TOTAL (Sum lines A1 and A2)**

Mark "X" if None	2001			2000
	\$ Bil.	Mil.	Thou.	\$ Thou.
348 <input type="checkbox"/>				
349 <input type="checkbox"/>				
350 <input type="checkbox"/>				
B. Breakdown of expenditures for new and used machinery and equipment by type (Reported on line A2)				
393 <input type="checkbox"/>				
394 <input type="checkbox"/>				
395 <input type="checkbox"/>				
396 <input type="checkbox"/>				

1. Automobiles, trucks, etc., for highway use
2. Computers and peripheral data processing equipment
3. All other expenditures for machinery and equipment
4. **TOTAL (Should equal line A2)**

If not shown, please enter your 11-digit Census File Number (CFN) from the mailing address.

8 SELECTED EXPENSES

A. Cost of materials, resales, contract work, fuels, and electricity

Mark "X"
if None

1. Materials, parts, containers, etc. used

321 ☐

2. Products bought and sold as such without further processing
(Report sales in item 9, code 9998900 6)

322 ☐

3. Purchased fuels consumed for heat, power, or the generation
of electricity

323 ☐

4. Purchased electricity (Report quantity on line C1.)

324 ☐

5. Contract work done for you by others

325 ☐

6. TOTAL (Sum lines A1 through A5)

326 ☐

2001			2000
\$ Bil.	Mil.	Thou.	\$ Thou.

B. E-Purchases

083

1. Did this establishment have any e-purchases (orders placed online) for materials and/or supplies including online orders placed with other domestic plants of your own company for further assembly, fabrication, or manufacture? (E-purchases are online orders placed for materials and/or supplies with suppliers; including orders placed with other domestic plants of your own company for further assembly, fabrication, or manufacture where price and terms are negotiated, over an Internet, Extranet, Electronic Data Interchange (EDI) network, electronic mail, or other online system. Payment may or may not be made online.)

¹ ☐ Yes – Go to line B2

² ☐ No – Go to line C

2. E-purchases of this establishment, including online orders placed with other domestic plants of your own company for further assembly, fabrication, or manufacture (This is a breakout of the value reported on line A6.)

084

2001			2000
\$ Bil.	Mil.	Thou.	\$ Thou.

C. Quantity of electricity

Mark "X"
if None

1. Purchased electricity (Quantity comparable to cost reported on line A4)

327 ☐

2. Generated electricity (Gross less generating station use)

328 ☐

3. Electricity sold or transferred to other establishments (Include on lines C1 and C2.)

329 ☐

2001			2000
Kilowatthours			Kilowatthours
Bil.	Mil.	Thou.	Thou.

If not shown, please enter your 11-digit Census File Number (CFN) from the mailing address.

9 VALUE OF PRODUCTS SHIPPED AND OTHER RECEIPTS <i>If you cannot locate the description of any products that you produce, please enter a description of your products in column (a) and enter their value in column (c). If additional lines are needed, please use the REMARKS section or attach a separate sheet. Report separately for each major kind of product. Include the value of products exported and interplant transfers in the appropriate product lines. They should also be reported separately in Item 3.</i> <i>An asterisk (*) at the end of a description denotes a comparability with products collected on a Current Industrial Reports (CIR) questionnaire. See paragraph on "Comparability" in Part "C" of CIR instruction manual for item code references.</i> (a)	581	Products shipped and other receipts		
	Product class code (b)	584		
		2001	2000	
		(c)	(d)	
		Mil.	Thou.	Thou.
	018			
	026			
	034			
	042			
	059			
	067			
	075			
	083			
	091			
Value of all other products made in this establishment that are NOT REPORTED ABOVE	109			
Receipts for work or services that you performed for others on their materials – Describe ↗				
	9300000 8			
Resales – Sales of products bought and resold without further manufacture, processing, or assembly (Report cost in item 8 , line A2.)	9998900 6			
Miscellaneous receipts (repair work, installation, sales of scrap, etc.)	9998000 5			
TOTAL VALUE OF PRODUCTS SHIPPED AND OTHER RECEIPTS OF THIS ESTABLISHMENT	7700000 8			

CONTINUE ON PAGE 7

If not shown, please enter your 11-digit Census File Number (CFN) from the mailing address.

<div>9</div> VALUE OF PRODUCTS SHIPPED AND OTHER RECEIPTS	581	Products shipped and other receipts		
	Product class code	584		
		2001	2000	
		(c)	(d)	
	(b)	Mil.	Thou.	Thou.
	018			
	026			
	034			
	042			
	059			
	067			
	075			
	083			
	091			
	109			
	117			

If not shown, please enter your 11-digit Census File Number (CFN) from the mailing address.

<div>9</div> VALUE OF PRODUCTS SHIPPED AND OTHER RECEIPTS	581	Products shipped and other receipts		
	Product class code	584		
		2001	2000	
		(c)	(d)	
	(b)	Mil.	Thou.	Thou.
(a)				
	125			
	133			
	141			
	158			
	166			
	174			
	182			
	190			
	208			
	216			
	224			

If not shown, please enter your 11-digit Census File Number (CFN) from the mailing address.

9 VALUE OF PRODUCTS SHIPPED AND OTHER RECEIPTS <i>If you cannot locate the description of any products that you produce, please enter a description of your products in column (a) and enter their value in column (c). If additional lines are needed, please use the REMARKS section or attach a separate sheet. Report separately for each major kind of product. Include the value of products exported and interplant transfers in the appropriate product lines. They should also be reported separately in Item 3.</i> <i>An asterisk (*) at the end of a description denotes a comparability with products collected on a Current Industrial Reports (CIR) questionnaire. See paragraph on "Comparability" in Part "C" of CIR instruction manual for item code references.</i> <i>Enter TOTAL value of shipments on page 6c, code 7700000 8.</i>	581	Products shipped and other receipts		
	Product class code	584		
		2001	2000	
(a)	(b)	(c)	(d)	(d)
		Mil.	Thou.	Thou.
	232			
	240			
	257			
	265			
	273			
	281			
	299			
	307			
Value of all other products made in this establishment that are NOT REPORTED ABOVE	315			
Receipts for work or services that you performed for others on their materials – Describe ↗				
	9300000 8			
Resales – Sales of products bought and resold without further manufacture, processing, or assembly (Report cost in item 8 , line A2.)	9998900 6			
Miscellaneous receipts (repair work, installation, sales of scrap, etc.)	9998000 5			
TOTAL VALUE OF PRODUCTS SHIPPED AND OTHER RECEIPTS OF THIS ESTABLISHMENT	7700000 8			

CONTINUE ON PAGE 7

If not shown, please enter your 11-digit Census File Number (CFN) from the mailing address.

10 OPERATIONAL STATUS
Mark (X) the ONE box that best describes this establishment at the end of 2001.

001 1 ☐ In operation

2 ☐ Temporarily or seasonally inactive

3 ☐ Ceased operation

4 ☐ Sold or leased TO another operator – Give date at right AND enter name, etc., below

5 ☐ Acquired or leased FROM another operator – Give date at right AND enter name, etc., below

GIVE DATE →
Enter figures only

Month	Day	Year

Name of new/former owner or operator		El Number (9 digits)	002											
Number and street		City		State		ZIP Code								

11 OWNERSHIP, CONTROL, AND LOCATION OF OPERATIONS

A. Is the first digit of your census file number (CFN) (imprinted in the address box) "0"?

1 ☐ YES – Answer parts B – D

2 ☐ NO – SKIP to 12

097	B. Is this company owned or controlled by another company? 1 <input type="checkbox"/> YES → 2 <input type="checkbox"/> NO ✓	Name and address of owning or controlling company	Kind of business of this company
		El Number (9 digits)	
098	C. Does this company own or control any other company or companies? 1 <input type="checkbox"/> YES → 2 <input type="checkbox"/> NO ✓	Name and address of owned or controlled company	Kind of business of this company
		El Number (9 digits)	

D. Did this company operate at more than one location during 2001? If more space is needed, attach a separate sheet.

079 1 ☐ YES – List additional locations below.
 2 ☐ NO – SKIP to 12

Physical address of business location (Number and street, city, State, ZIP Code)		Kind of business (KB) at this location and employer identification number		Sales and receipts		Annual payroll		Number of employees during pay period including March 12 (5)	Are these figures included in items 3 through 9? (6)
(1)		(2)		(3)		(4)			
				Mil.	Thou.	Mil.	Thou.		
091	1	2	KB	4		5		6	7
		3							1 <input type="checkbox"/> YES 2 <input type="checkbox"/> NO
092	1	2	KB	4		5		6	7
		3							1 <input type="checkbox"/> YES 2 <input type="checkbox"/> NO
093	1	2	KB	4		5		6	7
		3							1 <input type="checkbox"/> YES 2 <input type="checkbox"/> NO

CONTINUE ON PAGE 8

If not shown, please enter your 11-digit Census File Number (CFN) from the mailing address.

REMARKS (Please use this space for any explanations that may be essential in understanding your reported data.)

12 CERTIFICATION - This report is substantially accurate and was prepared in accordance with the instructions.

Is the time period covered by this report a calendar year?

☐ Yes

☐ No - Enter time period covered

666 1 Month Year 2 Month Year

FROM

TO

667 1 Name of person to contact regarding this report

Title

667 2

Area code

Number

Extension

Area code

Number

Telephone

Fax

Internet e-mail address

Date completed

Month

Day

Year

Thank you for completing your 2001 Annual Survey of Manufactures form.

PLEASE PHOTOCOPY THIS FORM FOR YOUR RECORDS AND RETURN THE ORIGINAL.